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Statement submitted by World Family Organization, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

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Statement*

The Cairo Declaration

Lives in Balance: A Global Mobilization to the Achievement of the MDGs 4 and 5 Ensuring the Rights

Right to survival – Right to protection – Right to development

The 280 delegations from 74 countries, representing Governments, NGOs, Parliamentarians, Academia, Municipalities, Business Community and Families, gathered at the World Family Summit +4, in Cairo, Egypt, discussed and approved the present declaration:

Welcoming the interaction, discourse and partnership among Stakeholders, Local Authorities, NGOs, Civil Society Organizations, Parliamentarians, Academia, Business Community, Media and Families;

Emphasizing the importance of the World Family Summit in building a partnership towards making the present and the future world with more peace, security, justice, tolerance, solidarity, prosperity and integrated by mobilizing and promoting the basic cell of society – The Family;

Recognizing that the family is key to social stability, community progress and national strength and should therefore be strengthened to raise living standards, ensure better education and health care, broaden individual opportunities and secure dignity in old age;

Recognizing that better and faster achievements will be made in reaching the MDGs, especially the MDGs 4 and 5, if families are directly involved and mobilized to be active participants of the process of development;

Committing themselves to sound policies, good governance practices at all levels and the observance to conditions to improve the living conditions of Families;

Reaffirming the contents of the Sanya Declaration for a Comprehensive Family Policy "Achieving the Millennium Declaration With and For the Family", approved by the World Family Summit in Sanya, China in 2004;

Reaffirming the Aracaju Practical Plan of Action 2006-2015 "Investing in Development: Working the Millennium Development Goals at the Local Level and in the Family", approved by the World Family Summit +1 in Aracaju, Sergipe, Brazil in 2005;

Reaffirming the contents of the Dead Sea Declaration "Investing in Development and Mobilizing for Action: Implementing the MDGs at the Local Level and in the Family", approved by the World Family Summit +2 at the Dead Sea, Jordan in 2006;

* Issued without formal editing.

Reaffirming the contents of the Warsaw Declaration with the theme "Working Out of Poverty: Mobilizing for Action by building trust bridges, capability and partnership", approved by the World Family Summit +3, in Warsaw, Poland, in 2007.

Unanimously conclude:

The Millennium Development Goals 4 and 5 are attainable if coordinated and participative extraordinary efforts will be the highest priority of all stakeholders. Technical tools are existent and must be implemented at a scale and in a manner that will reach those who need the most.

The core of the solutions is the easy access to safe, effective and affordable interventions, which must be provided to all through functioning health systems; competent human resources; professional delivered services and adequate financing.

Therefore, the World Family Summit +4 participants recommend the following:

1. Health systems, especially at the local level must be strengthened and prioritized in National and Local Strategies for reaching maternal health, in particular prenatal care, new-born and child health, demanding a radical shift in the way health systems are addressed:

- Health systems are the core social institutions that are indispensable to reduce poverty, social exclusion, inequity, and not only mechanisms for delivering technical services.

- Health systems should implement national and local policies in the context of good governance, prevent segmentation, provide information and increase the power of the poor to make claims for healthcare.

2. Appropriate, timely and considerable additional funding to strengthen health systems has to be included in the National and Local Strategies:

- Governments should make a priority in their National and Local budgets, the financial resources needed to strengthen national and local health systems for the achievement of the MDGs 4 and 5.

- International institutions and bilateral donors should include in their plans the financing for activities on the MDGs 4 and 5 for the local health systems and NGOs working at their local level.

- Financing health systems should not be considered as a burden to National Governments, but an investment to the well-being of citizens, therefore user fees at primary care level should be abolished.

3. The human resources at the local level must be developed with continuing appropriate capacity building as an important requirement for strengthening the local health systems, specifically on the actions leading to the achievement of the MDGs 4 and 5:

- Effective management and operational systems that seek to improve quality and increase the trust in the health system should accompany the development of the health workforce.

- Medium to long term plans for building a cadre of skilled health workers, including birth attendants – the health workers key to reducing maternal deaths – including decent wages, must form an explicit part of all health workforce plans.

- The establishment of a specific health mechanisms for capacity building for the achievement of the MDGs 4 and 5 should be included in the health systems at national and local level, in particular in the rural areas.

4. Comprehensive reproductive health and rights are essential to meeting the MDGs 4 and 5:

- Universal access to comprehensive reproductive health services is essential.

- Initiatives addressing the HIV/AIDS pandemic should be integrated with comprehensive reproductive health and rights programs.

- Initiatives addressing the breast and uterine cancer should be integrated with health and rights programs.

- Adolescents must receive explicit attention with services that are sensitive to their increased vulnerabilities and designed to meet their needs.

5. Effective intervention to reduce child mortality requires scaling up availability and utilization to universal access for the population:

- Community child health policies information and services should be delivered within the health system in order to reduce child illness and newborn death and promote preventive behavior to the health of the mother of the child.

- Child health interventions must be increasingly offered within the community. Policies need to be reformulated to allow services to be delivered as close to patients as possible. Community health workers need to be trained and permitted to encourage preventive behaviors, to care for a larger proportion of non-severe childhood illnesses, and to ensure early referral to appropriate facilities for the treatment of severe illnesses.

- More attention must be paid to child nutrition, including micronutrients, as the relationship between nutritional status and mortality is becoming increasingly evident.

- Governments must increase investments in interventions aimed at reducing neonatal deaths.

6. Maternal mortality strategies should focus on building a functioning health system that ensures access to emergency obstetric care for all women who experience complications:

- The health system should supply, support, and supervise the skilled birth attendants who should be the backbone of that system, whether they are based in facilities or in communities.

- Strategies to ensure skilled attendants for all deliveries must be premised on integration of the skilled attendant into a functioning district local health system.

- Skilled attendant strategies cannot be allowed to substitute for strategies to strengthen the health system, including emergency obstetric care.

7. Accessible Information and documentation systems are an essential element in building equitable health systems:

- Indicator of health system functioning – including – equity must be developed alongside disease-specific indicators and then integrated into policy and budget cycles.

- Health information systems must be able to provide appropriate, accurate, and timely information that is used to inform management and policy decisions.

8. Information, Education and Communication are powerful instruments to be applied in national and local strategies to improve maternal, newborn and child health:

- Empowering communities to transform information, education and communication into concrete action in order to achieve sustainable maternal, newborn and child health.

- Techniques of information, education and communication appropriate to the community are a powerful instrument to prevent the consequences of child birth injury causing handicap.

- The appropriate information, education and communication in the prenatal programs should be implemented to strengthen the maternal, newborn and child health.

9. International, Regional, National and Local institutions are strategic and integrated actors to forge an effective partnership. Funding mechanisms should support and promote actions that strengthen rather than undermine equitable access to good-quality healthcare systems: (a) Long-term investments should be committed; (b) Remove restrictions on funding; (c) Align funding from donors and international financial institutions with national health programs to meet the goals; (d) Allow health stakeholders to fully participate in the development of funding plans.

The Participants also decided to request to the World Family Organization to make the present Declaration known to all Governments and other Organizations affiliated, as well as to introduce it to the United Nations Economic and Social Council Commission for Social Development and to the United Nations ECOSOC High Level Segment as an instrument to be discussed and implemented on different decision-making levels.

Cairo, 3 December 2008